

**Application for Membership**  
**Saint Alphonsus Adult Volunteer Program**  
**1055 N. Curtis Rd., BOISE, IDAHO 83706**

Date \_\_\_\_\_

Name (Last, First, MI) \_\_\_\_\_ , \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_ , \_\_\_\_\_

Day Telephone Number \_\_\_\_\_

Evening Telephone Number \_\_\_\_\_

Home Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

City, State Zip \_\_\_\_\_ , \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Business Email \_\_\_\_\_

Volunteer Experience

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Work Experience

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Interests

---

---

---

---

Fields of Study or Special Training

---

---

---

Personal References ( not relatives )

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Please indicate the days of the week that you would be able to volunteer

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Please indicate the shifts you would like to volunteer

Morning Afternoon Evening

Are you willing to volunteer weekends and holidays as scheduled?

Yes No

---

Signature of applicant

Please mail to:

Saint Alphonsus Volunteer Services  
1055 N. Curtis Rd.  
Boise ID 83706